BEFORE THE BOARD OF MEDICAL EXAMINERS

IN THE STATE OF ARIZONA

In the Matter of

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WILLIAM L. ROBERTS, M.D.

Holder of License No. 11971 For the Practice of Medicine In the State of Arizona. BOMEX CASE NO: MD-00-0263

CONSENT AGREEMENT FOR ORDER OF CONDITIONAL REINSTATEMENT OF MEDICAL LICENSE AND PROBATION

IT IS HEREBY AGREED by and between WILLIAM L. ROBERTS, M.D., holder of License No. 11971, and the Arizona Board of Medical Examiners (Board), that the accompanying Findings of Fact, Conclusions of Law and Order be entered in the above-entitled matter and be effective as of the date issued.

Dr. Roberts acknowledges that any violation of this Consent Agreement constitutes unprofessional conduct within A.R.S. § 32-1401(25)(r), and will result in his license being automatically summarily suspended pursuant to A.R.S. § 32-1451(S). Alternatively, Dr. Roberts may surrender his Board license if he admits to misconduct and so stipulates, pursuant to A.R.S. § 32-1433.

In the event of Dr. Roberts's Board license being revoked or surrendered he agrees that he will not reapply for a license for five (5) years from the date of revocation or surrender. Furthermore, by signing this Consent Agreement, Dr. Roberts waives and relinquishes any right to appeal from or challenge this Order by initiating any type of administrative or judicial review of this Order.

WILLIAM L. ROBERTS, M.D.

Dated: 1-2-01

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- The Board is the duly constituted authority for the regulation and control of 1. the practice of allopathic medicine in the state of Arizona.
- William L. Roberts, M.D. is the holder of License No. 11971 for the practice 2. of allopathic medicine in the state of Arizona.
- Pursuant to the request of Dr. Roberts and Order of the Board (dated June) 3. 27, 2000), Dr. Roberts's Board license to practice medicine was placed on inactive status for cause because of chemical dependency relapse. The aforementioned order was issued because Dr. Roberts had previously been subjected to the Board's Stipulated Rehabilitation Agreement (dated April 4, 1986); but, was no longer in effect A.R.S.§ 32-1452 (F).
- Dr. Roberts has requested reactivation of his Board license to practice 4. medicine.
- This matter was presented to the Board for its final review and approved as 5. part of its public meeting agenda on February 14-16, 2001.

CONCLUSIONS OF LAW

- The Board possesses jurisdiction over the subject matter hereof and over 1. William L. Roberts, M.D.
- Pursuant to A.R.S. § 32-1403(A)(5), § 32-1431(D), § 32-1451(F) and § 32-2. 1452(A), the Board may enter the following order.

ORDER

It is hereby ordered that the inactive medical license held by William L. 1. Roberts, M.D., shall be reinstated to active status subject to the following conditions:

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license will automatically be summarily suspended. Alternatively, Dr. Roberts may surrender his Board license if he admits to misconduct and so stipulates pursuant to A.R.S. § 32-1451(R). If his Board license is revoked or he surrenders his license he shall be prohibited from reapplying for a license for five (5) years.

- Dr. Roberts shall submit quarterly declarations under penalty of В. perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation. The declarations shall be submitted on or before the 15th of March, June, September and December of each year.
- In the event that Dr. Roberts resumes the practice of medicine, he C. shall submit to the administration of Nattrexone, 50 mg. per day, or as prescribed by his primary care physician.
- Dr. Roberts shall not handle, store, or administer controlled D. substances.
- Dr. Roberts may request that the Monitored Aftercare Program Diversion E. Committee review and modify the terms of the this Consent Agreement.

F. Dr. Roberts shall promptly participate in the Monitored Aftercare Program ("MAP") for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse. The terms and conditions of MAP are as follows:

I. DEFINITIONS

"Medication" means "prescription-only drug, controlled substance, and over-the counter preparation, other than plain aspirin and plain acetaminophen."

"Emergency" means "a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life."

II. TERMS

- Participation. Dr. Roberts shall promptly enroll in and participate in the Board's confidential substance abuse treatment and rehabilitation program (the "program") in accordance with this Consent Agreement. Dr. Roberts shall remain in the program for a period of five years from the Consent Agreement's effective date.
- 2. Group Therapy. Dr. Roberts shall attend the program's group therapy sessions one time per week for the duration of this Consent Agreement, unless excused by the group therapist for good cause such as illness or vacation. Dr. Roberts shall instruct the program group therapist to release to the Board, upon its request, all records relating to his treatment, and to submit monthly reports to the Board regarding attendance and progress. The reports shall be submitted on or before the 10th day of each month.
- 3. 12 Step or Self-Heip Group Meetings. Dr. Roberts shall attend ninety (90) 12-step meetings or other self-help group meetings appropriate for substance abuse and approved by the Board, for a period of ninety (90) days beginning not later than either (a) the first day following his discharge from chemical dependency treatment or (b) the date of

4. Following completion of the ninety (90) meetings in ninety (90) days, Dr. Roberts shall participate in a 12-step recovery program or other self-help program appropriate for substance abuse as recommended by the group therapist and approved by the Board. Dr. Roberts shall attend a minimum of three (3) 12-step or other self-help program meetings per week.

- 5. <u>Board-Approved Primary Care Physician</u>. Dr. Roberts shall promptly obtain a primary care physician and shall submit the name of the physician to Board staff in writing for approval.
- 6. The Board-approved primary care physician shall be in charge of providing and coordinating Dr. Roberts's medical care and treatment. Except in an *Emergency*, Dr. Roberts shall obtain his medical care and treatment only from the Board-approved primary care physician and from health care providers to whom the Board-approved primary care physician refers Dr. Roberts from time to time. Dr. Roberts shall request that the Board-approved primary care physician document all referrals in the medical record.
- 7. Dr. Roberts shall promptly inform the Board-approved primary care physician of his rehabilitation efforts and provide a copy of this Consent Agreement to that physician.

 Dr. Roberts shall also inform all other health care providers who provide medical care or treatment that he is participating in the Board's rehabilitation program.
- 8. <u>Medication</u>. Except in an *Emergency*, Dr. Roberts shall take no *Medication* unless the *Medication* is prescribed by his Board-approved primary care physician or other health care provider to whom the Board-approved primary care physician makes referral. Dr. Roberts shall not self-prescribe any *Medication*.

- 9. If a controlled substance is prescribed, dispensed, or is administered to Dr. Roberts by any person other than the Board-approved primary care physician, he shall notify the Board-approved primary care physician in writing within 48 hours. The notification shall contain all information required for the medication log entry specified in paragraph 10. Dr. Roberts shall request that the notification be made a part of the medical record. This paragraph does not authorize Dr. Roberts to take any *Medication* other than in accordance with paragraph 8.
- 10. Medication Log. Dr. Roberts shall maintain a current legible log of all Medication taken by or administered to him, and shall make the log available to the Board and its staff upon request. For Medication (other than controlled substances) taken on an on-going basis, Dr. Roberts may comply with this paragraph by logging the first and last administration of the Medication and all changes in dosage or frequency. The log, at a minimum, shall include the following:
 - Name and dosage of Medication taken or administered;
 - b. Date taken or administered;
 - c. Name of prescribing or administering physician;
 - d. Reason *Medication* was prescribed or administered.

This paragraph does not authorize Dr. Roberts to take any *Medication* other than in accordance with paragraph 8.

- No Alcohol or Poppy Seeds. Dr. Roberts shall not consume alcohol or any food or other substance containing poppy seeds.
- Biological Fluid Collection. During all times that Dr. Roberts is physically present in the state of Arizona and such other times as board staff may direct, Dr. Roberts

 shall promptly comply with requests from Board staff, the group therapist, or the program director to submit to witnessed biological fluid collection. If Dr. Roberts is directed to contact an automated telephone message system to determine when to provide a specimen, he shall do so within the hours specified by Board staff. For the purposes of this paragraph, in the case of an in-person request, "promptly comply" means "immediately". In the case of a telephonic request, "promptly comply" means that, except for good cause shown, Dr. Roberts shall appear and submit to specimen collection not later than two hours after telephonic notice to appear is given. The Board in its sole discretion shall determine good cause.

- 13. Dr. Roberts shall provide Board staff in writing with one telephone number which shall be used to contact him on a 24 hours per day/seven days per week basis to submit to biological fluid collection. For the purposes of this section, telephonic notice shall be deemed given at the time a message to appear is left at the contact telephone number provided by Dr. Roberts. Dr. Roberts authorizes any person or organization conducting tests on the collected samples to provide testing results to the Board and the program director.
- 14. Dr. Roberts shall cooperate with collection site personnel regarding biological fluid collection. Repeated complaints from collection site personnel regarding Dr. Roberts's lack of cooperation regarding collection may be grounds for termination from the program.
- 15. <u>Payment for Services</u>. Dr. Roberts shall pay for all costs, including personnel and contractor costs, associated with participating in the Monitored Aftercare Program (MAP) at time service is rendered, if required, or within 30 days

 of each invoice sent to him.

- 16. Examination. Dr. Roberts shall submit to mental, physical, and medical competency examinations at such times and under such conditions as directed by the Board to assist the Board in monitoring his ability to safely engage in the practice of medicine and compliance with the terms of this Consent Agreement.
- 17. <u>Treatment.</u> Dr. Roberts shall submit to all medical, substance abuse, and mental health care and treatment ordered by the Board, or recommended by the program director.
- 18. Obey All Laws. Dr. Roberts shall obey all federal, state and local laws, and all rules governing the practice of medicine in the state of Arizona.
- Interviews. Dr. Roberts shall appear in person before the Board and its staff and committees for interviews upon request, upon reasonable notice.
- 20. Address and Phone Changes. Notice. Dr. Roberts shall immediately notify the Board in writing of any change in office or home addresses and telephone numbers. Dr. Roberts shall provide Board staff at least three business days advance written notice of any plans to be away from office or home for more than five (5) consecutive days. The notice shall state the reason for the intended absence from home or office, and shall provide a telephone number that may be used to contact Dr. Roberts.
 - 21. Relapse, Violation. See paragraph A of this Order.
- 22. <u>Notice Requirements</u>. Dr. Roberts shall immediately provide a copy of this Consent Agreement to all hospitals and free standing surgery centers at which Dr. Roberts has any privileges. Within 30 days of signing this Consent Agreement, Dr. Roberts shall provide the Board with a signed statement that he has complied with this

notification requirement.

Dr. Roberts is further required to notify, in writing, all hospitals and free standing surgery centers at which he has any privileges of a chemical dependency relapse, use of drugs or alcohol in violation of this Consent Agreement and/or entry into a treatment program. Dr. Roberts shall provide the Board, within seven days of any of these events, written confirmation that he has complied with this notification requirement.

- 23. Public Record. This Consent Agreement is a public record.
- 24. Out-of State. In the event Dr. Roberts resides or practices medicine in a state other than Arizona, he shall participate in the physician rehabilitation program sponsored by that state's medical licensing authority or medical society. Dr. Roberts shall cause the other state's program to provide written reports to the Board regarding his attendance, participation, and monitoring. The reports shall be due on or before the 15th day of March and September of each year, until this requirement is terminated in writing by the Board.
- 25. Dr. Roberts shall immediately obtain a treating psychiatrist approved by Board staff and shall remain in treatment with the psychiatrist until further order of the Board. Dr. Roberts shall instruct the psychiatrist to release to the Board, upon its request, all records relating to treatment of Dr. Roberts, and to submit quarterly written reports to the Board regarding diagnosis, prognosis, and recommendations for continuing care and treatment of Dr. Roberts. The reports shall be submitted on or before the 15th day of March, June, September and December of each year.

This Order supercedes all previous consent agreements, stipulations, and orders between the Board and William L. Roberts, M.D.

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3	DATED this 23 day of Technique, 2000.		
4	BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA		
5	(SEAL)		
6	By: Touldann		
7	CLAUDIA FOUTZ		
8	Executive Director TOM ADAMS		
9	Assistant Director, Regulation		
10	Original of the foregoing Agreement mailed by certified mail for signature this day of		
11	De C+ MYR1, 2000 to:		
12	WILLIAM L. ROBERTS, M.D. 16651 N. Campbell, #272		
13	Tucson. Arizona 85718 MMM		
14			
15	Coordinator, Monitored Aftercare Program		
16	Executed Copy of the foregoing signed Consent Agreement		
17	Agreement mailed by certified mail this 23nd day of Felonom 2000 to:		
18	WILLIAM L. ROBERTS, M.D.		
19	6651 N. Campbell, #272		
20	Tucson. Arizona 85718		
21	Goordinator, Monitored Aftercare Program		
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24 25 BEFORE THE BOARD OF MEDICAL EXAMINERS
IN THE STATE OF ARIZONA

In the Matter of

WILLIAM L. ROBERTS, M.D.

Holder of License No. 11971 For the Practice of Medicine In the State of Arizona. MD-00-0263

AMENDMENT TO CONSENT AGREEMENT and ORDER DATED FEBRUARY 23, 2001

This matter was considered by the Arizona Board of Medical Examiners ("Board") at its public meeting on December 6, 2001. The Board was presented with the request of William L. Roberts, M.D., ("Respondent") to amend a February 23, 2001 Consent Agreement and Order ("Board Order") placing Respondent on Probation. Respondent requested that the Board terminate the requirement of his probation that he not handle, store, or administer controlled substances. The Diversion Committee reviewed and supports Respondent's request. The terms and conditions of the aforementioned Board Order are incorporated herein by reference. After due consideration of the facts and law applicable to this matter, the Board voted to amend the February 23, 2001 Order by issuing the following Order.

ORDER

IT IS HEREBY ORDERED that:

Respondent may handle, store or administer controlled substances.

RIGHT TO PETITION FOR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing. Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing must be filed with the Board's Executive Director within thirty (30) days after service of this Order and

1 2 3 mailed to Respondent. 4 5 6 7 8 9 10 11 12 13 14 ORIGINAL of the foregoing filed this 15 12 day of December, 2001 with: 16 9545 East Doubletree Ranch Road 17 Scottsdale, Arizona 85258 18 Executed copy of the foregoing 19 mailed by U.S. Certified Mail this 12_ day of **December**, 2001, to: 20 William L. Roberts, M.D. 21 5404 North Canyon Rise Place Tucson, Arizona 85749-7160 22 23

pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons for granting a rehearing. Service of this order is effective five (5) days after date of mailing. If a motion for rehearing is not filed, the Board's Order becomes effective thirty-five (35) days after it is

Respondent is further notified that the filing of a motion for rehearing is required to preserve any rights of appeal to the Superior Court.

DATED this day of December 2001.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

Executive Director TOM ADAMS **Deputy Director**

The Arizona Board of Medical Examiners

Copy of the foregoing hand-delivered this 12 day of December, 2001, to:

Christine Cassetta Assistant Attorney General Sandra Waitt, Management Analyst

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9545 East Doubletree Ranch Road Scottsdale, Arizona 85258

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

In the Matter of	1
WILLIAM L. ROBERTS, M.D.) REQUEST FOR INACTIVE) STATUS WITH CAUSE
Holder of License No. 11971 For the Practice of Medicine In the State of Arizona.) AND ORDER GRANTING) INACTIVE STATUS)
BOMEX Inquiry vs. William L. Roberts, M.D.) } _}

- i, WILLIAM L. ROBERTS, M.D., am the holder of License No. 11971
 to practice medicine in the State of Arizona.
- 2. In accordance with A.R.S. §32-1452(F), I hereby request that, effective at 12:01 on the date of the following order, the Arizona Board of Medical Examiners (the "Board") place my medical license number 11971 in inactive status because I have previously been under a Board Stipulated Rehabilitation Agreement for substance abuse, and I relapsed with the use of chemical substances.
- 3. I agree not to practice medicine in the State of Arizona or any other state, territory or district of the United States or a foreign country while my Arizona license is in Inactive Status. I understand that I may not hold or maintain a controlled substance certificate with the Drug Enforcement Administration or write or refill prescriptions as long as my license is classified as Inactive. I understand that if I practice medicine while my license is in Inactive Status, I will be considered to be practicing medicine without a license or without being exempt from licensure, which is a felony.

- 4. Prior to my license being placed on Inactive Status, I agree that I shall have paid all fees required by the Medical Practice Act, A.R.S. §32-1401 et seq.
- 5. I agree that I shall not request reactivation of my license to practice medicine in the State of Arizona until I meet with the Board at a regularly scheduled meeting of the Board, and comply with all requests of the Board, which may include, but not limited to, inpatient treatment, psychiatric and psychometric evaluation, physical examination and testing, and written and/or oral competency examinations. I understand that the Board will not reactivate my license until I present evidence satisfactory to the Board in its sole discretion that I am medically competent and mentally and physically able to safely practice medicine.

DATED this 13 day of June 20

WILLIAM L. ROBERTS, M.D.

ORDER

Pursuant to A.R.S. §32-1452 (F) and the above request of WILLIAM L. ROBERTS, M.D. it is hereby ordered that license number 11971 held by WILLIAM L. ROBERTS, M.D., is placed on Inactive Status.

DATED this 27 day of feet, 2000

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

[SEAL]

CLAUDIA FOUTZ Executive Director TOM ADAMS

Assistant Director, Regulation

Original of the foregoing Request for Inactive Status with Cause and Order Granting Inactive Status hand delivered this/3 4/1 day of 2000 to:
WILLIAM L. ROBERTS, M.D. (Home Address)
Coordinator, Monitored Aftercare Program

Executed Copy of the foregoing signed Request for Inactive Status with Cause and Order Granting Inactive Status mailed by certified mail this 2000 day of 0000 to:

WILLIAM L. JOHNSON, M.D.

(Home Address)

Coordinator, Monitored Aftercare Program